



VENDOR REGISTRATION
State of Tennessee
Department of General Services
William R. Snodgrass TN Tower 3rd Floor
312 Eighth Avenue North
Nashville, Tennessee 37243
Office No. 615-741-1035 Fax No. 615-741-0684
www.tennessee.gov/generalserv/purchasing

When answers require additional space, use plain white paper. Please answer all questions as completely as possible. It is important that you respond to all questions. You must include all attachments requested. Please Note: if required support documents are not included, the processing of the registration form will be delayed. Refer to Instructions BEFORE SUBMITTING.

1. FEDERAL IDENTIFICATION NUMBER: Please enter either your Federal Employer Identification Number or Social Security Number.

Check Only One

☐ FEIN

☐ SSN

Number: _____

SECTION I: GENERAL BUSINESS INFORMATION

2. COMPANY NAME:

3. COMPANY ADDRESS: Please enter all information for the primary location of this business. Please Do Not enter a P.O. Box.

(Address)

(County Code)

(Suite or Office)

_____ - _____

(City) (State) (Zip) (Zip +4)

Telephone Number (_____) - _____ X _____

Fax Number (_____) - _____ X _____

Email _____

Website _____

3.1 Address to which Solicitations are to be mailed:

(Address or P.O. Box)

_____ (County)

(Suite or Office)

_____ - _____

(City) (State) (Zip) (Zip +4)

3.2 Address to which Payments are to be mailed:

(Address or P.O. Box)

_____ (County)

(Suite or Office)

_____ - _____

(City) (State) (Zip) (Zip +4)

3.3 Address to which Purchase Orders/Contracts are to be mailed:

(Address or P.O. Box)

_____ (County)

(Suite or Office)

_____ - _____

(City) (State) (Zip) (Zip +4)

4. COMPANY CONTACT: Please enter all information for the individual who will be the primary contact for your business with our office.

_____ (Last Name, First Name & Middle Initial) _____ (Title)

Telephone Number: (_____) - _____ X _____ Mobile Number: (_____) - _____ X _____ Email: _____

4.1 Person(s) Authorized to sign Bids/Proposals (Type or print)

1. _____ (Name) _____ (Email address) _____ (Title)

2. _____ (Name) _____ (Email address) _____ (Title)

3. _____ (Name) _____ (Email address) _____ (Title)

SECTION II: BUSINESS ASSESSMENT / NEEDS ANALYSIS

5. PRIMARY LOCATION OF BUSINESS: Please submit a copy of the following document:

☐ Business license, if applicable.

6. BUSINESS HISTORY:

a. Date business established _____ If less than 2 years, please submit resume.
(MM/DD/YYYY)

b. Has there been a change in ownership within the last 2 years?

☐ Yes ☐ No

c. If yes, previous firm name and owner

d. Was business acquired? ☐ Yes ☐ No

e. If Yes, date acquired _____

7. TYPE OF BUSINESS ACTIVITY: Select one only.

☐ Agriculture, Forestry or Fishing

☐ Architectural/Design/Engineering

☐ Construction Services

☐ Finance, Insurance & Real Estate

☐ Information Systems/Technology

☐ Manufacturing

☐ Marketing/Communications/

Public Relations

☐ Medical/Healthcare

☐ Mining

☐ Retail Trade

☐ Service Industry

☐ Transportation, Commerce
& Utilities

☐ Wholesale Trade

☐ Other

8. WORKFORCE:

a. Number of full-time employees _____

10. GROSS ANNUAL RECEIPTS: *Last tax year. Please circle one:*

(a) \$0 - \$500,000	(b) \$500,001 - \$750,000
(c) 750,001 - \$1,000,000	(d) \$1,000,001 - \$2,000,000
(e) Over \$2,000,000	

10. GROSS ANNUAL RECEIPTS: *Last tax year. Please circle one:*

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RDA S836-1

☐ If not registering as a Minority, Woman or Small Business Enterprise, please check this box and skip to number 27.

14. LEGAL STRUCTURE OF THE BUSINESS: Please refer to registration instructions and submit documentation requested applicable to your business' legal structure.

- ☐ Sole proprietorship/Individual ☐ Partnership ☐ LLC
☐ Corporation type _____ (S or C) ☐ Non-Profit
☐ Other (explain) _____

If Incorporated:

- ☐ State of incorporation _____
Date of incorporation _____
☐ Government
☐ State authorization to transact business (Applies to out of state businesses doing business in the state of Tennessee ONLY)

15. KEY PERSONNEL: Provide names and titles.

- a. _____
b. _____
c. _____

16. INSURANCE INFORMATION: Please check the type of insurance carried by your business.

- ☐ General Liability ☐ Automotive
☐ Workman Comp ☐ Professional Liability
☐ Other _____

17. INSURANCE COMPANY: If applicable for your business, list the company name, address, telephone number and name of a contact person for your insurance carrier. Provide copy of current certificate.

(Company Name)

(Suite or Office)

(Address)

(City) _____ (State) _____ (Zip) _____ - _____ (Zip+4)
Telephone Number (_____) _____ - _____ X _____
Contact Name _____
(Last Name, First Name & Middle Initial)

18. BONDING COMPANY: If applicable for your business, list the company name, address, telephone number and name of a contact person for your bonding company.

(Company Name)

(Suite or Office)

(Address)

(City) _____ (State) _____ (Zip) _____ - _____ (Zip+4)
Telephone Number (_____) _____ - _____ X _____
Contact Name _____
(Last Name, First Name & Middle Initial)

19. BONDING INFORMATION: If applicable for your business, please enter your bonding limits per job, your total bonding amount, your bonding rate and your bid amount limit.

Bonding Limits Per Job \$ _____ Total \$ _____ Bonding Rate \$ _____ Bid Amount Limit \$ _____

20. DIVERSITY PROJECT INFORMATION: List the name of the major projects, dollar value and year that you participated as a diversity business (minority or woman-owned or small business).

- a. _____ \$ _____ Year _____
b. _____ \$ _____ Year _____
c. _____ \$ _____ Year _____

21. CLIENT REFERENCES: List the business names, address, telephone number and name of a contact person for three clients.

- a. _____
(Business Name) _____ (Address) _____ (City) _____ (State) _____ (Zip) _____ (Zip+4) _____
Telephone Number (_____) _____ - _____ X _____
(Contact Name - Last Name, First Name & Middle Initial)
b. _____
(Business Name) _____ (Address) _____ (City) _____ (State) _____ (Zip) _____ (Zip+4) _____
Telephone Number (_____) _____ - _____ X _____
(Contact Name - Last Name, First Name & Middle Initial)
c. _____
(Business Name) _____ (Address) _____ (City) _____ (State) _____ (Zip) _____ (Zip+4) _____
Telephone Number (_____) _____ - _____ X _____
(Contact Name - Last Name, First Name & Middle Initial)

22. Please enter any specific products, goods or services you desire to provide to the State of Tennessee (refer to instructions - Accessing Products and Service Codes) _____

SECTION III: COMPANY OWNERSHIP AND MANAGEMENT CONTROL

Please provide the following information to claim status as a minority or a woman-owned or small business enterprise.

23.

- a. Does the applicant's business have any subsidiaries or affiliates or is it a subsidiary or affiliate of another concern? ☐ Yes ☐ No
If yes, provide the name, address and telephone number of the subsidiary, affiliate or parent. Also, describe the relationship of the applicant company to the subsidiary, affiliate or parent. Use a separate sheet of paper.
- b. Does the applicant's business concern or any person listed as owners, partners or officers of your company have or intend to enter into any type of agreement with any other concern or person which relates to or affects the on-going administration, management or operations of the applicant concern? ☐ Yes ☐ No (Such agreements include, but are not limited to management and joint venture agreements.) *If yes, attach a copy of any written agreement or an explanation of any oral or intended agreement.*
- c. Is the applicant's business concern involved in any present or pending lawsuit? ☐ Yes ☐ No *If yes, provide details on a separate sheet.*
- d. Is the applicant's business concern involved in a bankruptcy or insolvency proceeding? ☐ Yes ☐ No
- e. Have you ever been rejected for certification by any agency? ☐ Yes ☐ No
- f. What other current certification(s) does your company have? _____

24.

Are you a person with a disability? ☐ Yes ☐ No

Please mark only one box (either Minority, Women, or Small). Please refer to instructions.

☐ **Minority Business Enterprise**

Solely owned or at least 51% owned by a minority person or persons who control daily operations.

- ☐ African American
☐ Hispanic American
☐ Native American
☐ Asian American

☐ **Women Business Enterprise**

Solely owned or at least 51% owned by a female person or persons who control daily operations.

- ☐ Non-Minority
☐ African American
☐ Hispanic American
☐ Native American
☐ Asian American

☐ **Small Business Enterprise**

See Registration Instructions for Definition

- ☐ Non-Minority
☐ Female
☐ African American
☐ Hispanic American
☐ Native American
☐ Asian American

25. OWNER/PARTNER/OFFICER INFORMATION: *Please complete the following section for all owners, partners and officers. Attach additional pages if needed.*

	Gender	Minority	Citizen	Years	% of	Voting	No. of	Cost of	Type
<i>Name & Title</i>	(M/F)	(Race)	(Y/N)	Owned	Ownership	%	Shares	Shares	of Shares
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

SECTION IV: REQUIRED DOCUMENTATION FOR BUSINESSES CLAIMING STATUS AS A MINORITY OR WOMEN ENTERPRISE

Please submit two of the following documents to establish that the business meets the criteria for claiming status as a Minority or Women Business Enterprise. Please check below the type of documentation included with this form.

26. MINORITY OR FEMALE PERSONS WHO OWN AT LEAST 51 % OF BUSINESS: *Please submit two of the following documents for each owner as required to substantiate status.*

- ☐ U.S. Birth Certificate ☐ U.S. Passport ☐ Driver License ☐ Tribal Card w/Number ☐ Permanent Resident Alien Registration

SECTION V: TECHNICAL ASSISTANCE:

Management and technical assistance may include referral to the state of Tennessee Department of Economic and Community Development (ECD). Consultation is available to individuals who are interested in starting a business, buying a business, or expanding an existing business. ECD consultants provide counseling to individuals regarding structuring financial plans, preparing loan applications, strategic planning, and guidance for writing business plans. Economic and Community Development maintains an extensive network of public and private sector financial institutions and business management resource agencies.

27. REQUESTED ASSISTANCE: *Please provide, in detail, an explanation of requested assistance on a separate sheet.*

- | | | |
|---|--|---|
| <input type="checkbox"/> Business Start-up assistance | <input type="checkbox"/> Working capital | <input type="checkbox"/> Developing a business plan |
| <input type="checkbox"/> Buying a business | <input type="checkbox"/> Counseling | <input type="checkbox"/> Expanding an existing business |

28. SOLICITATION NOTIFICATIONS:

The state of Tennessee would prefer to email solicitation notifications. If this is acceptable, please provide your email address. _____

If you do not provide an email address, you will receive your solicitation via the United States Postal Service.

(Email address)

29. DISCLOSURE:

Are any employees of this firm current employees of the state of Tennessee or former employees of the state of Tennessee (within the last six months)?

- ☐ Yes ☐ No

If so, please attach a list of these employees, to include name, social security number and position within your firm including ownership and interest.

NOTE: All vendors must comply with TCA 12-4-103 "Bidding by State Employees Prohibited." It is hereby declared unlawful for any state official or employee to bid on, sell, or offer for sale, any merchandise, equipment or material, or similar commodity, to the State of Tennessee during tenure of such official's or employee's office or employment, or for six (6) months thereafter, or to have any interest in the selling of the same to the state.

30. AFFIRMATION:

The undersigned acknowledges that all submitted information and documentation will become the property of the state of Tennessee. The undersigned also affirms that he/she is a legal citizen of the United States or Permanent Resident Alien and that the information given above is true, accurate and includes pertinent information necessary to identify and explain the operations of _____ to the best of my knowledge and is in no way misleading.

(Business Name or Business Name DBA, if sole proprietor)

Should any data change in the future, I will ensure that correct information will immediately be sent in writing to the Tennessee Department of General Services.

(Type or Print Name of Principal Owner)

(Signature of Principal Owner)

(Date)

T.C.A. Section 4-21-904 Discrimination by funded programs prohibited. - It is a discriminatory practice for any state agency receiving federal funds making it subject to Title VI to the Civil Rights Act of 1964, or for any person receiving such federal funds from a state agency, to exclude a person from participation in, deny benefits to a person, or to subject a person to discrimination under any program or activity receiving such funds, on the basis of race, color, or national origin. The Department of General Services, state of Tennessee, does not discriminate on the basis of disability in the admission or access to, or treatment or employment in its program or activities and is in compliance with ADA (Americans with Disabilities Act of 1990) 42 U.S.C. 12101.

31. EMERGENCY INFORMATION: *Optional*

In the event of a natural disaster, please provide an after-hour emergency phone number if you would like to be contacted for goods/services.

Contact Person

(_____) _____ - _____
Telephone Number